



MEMBER F.D.I.C.

# CONSUMER LOAN APPLICATION

Please return to the address shown below by fax or mail.

P. O. Box 160    Ž    Shallowater, Texas 79363    Ž    Phone - 806.832.4525    Ž    Fax - 806.832.5849

EMAIL ADDRESS - [mark@fsbshallowater.com](mailto:mark@fsbshallowater.com)

## **Consumer Loan Application:**

### **Instructions:**

1. All individuals need to complete an attached personal loan application. Married couples may complete their information on a single application form.
2. Complete the personal financial statement for loans \$50,000.00 and over
3. All applicants need to complete a Income/Debt summary that is attached. Married couples may complete one form with combined income and debts.
4. Be sure that all individuals sign and date the application

## Collateral Checklist

Please **provide and attach the following** information based on the collateral and security that you plan to use to secure your loan:

### 1. **Real Estate:**

1. Legal Description of the real estate (Copy of Deed)
2. Any Real Estate Appraisal
3. Photographs
4. Copy of real estate sales contract signed by both seller and purchaser if purchasing real estate.
5. Property Survey if available
6. Property Appraisal if available

### 2. **Furniture, Fixtures, Equipment, Inventory:**

1. List and valuation of items to be purchased
2. List and valuation of items already owned
3. Location of items
4. Make, Model and serial numbers on items valued over \$1,000 if applicable

### 3. **Vehicles, Trailers, Boats and other Titled Vehicles**

1. Make, Model and Vehicle I. D. Numbers on those already owned or to be purchased.
2. Copies of existing vehicle titles, if applicable.
3. Copy of Dealer's Buyer's Order (Deal Sheet) if purchasing new vehicle

## CREDIT APPLICATION

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<p style="text-align: center;"><b>TYPE OF CREDIT REQUESTED</b></p> <p style="text-align: center;">IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.</p> <p> <input type="checkbox"/> SECURED    <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets  <input type="checkbox"/> UNSECURED    <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.  <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____         </p>	<p style="text-align: center;"><b>FOR CREDITOR USE</b></p> <p>DATE _____ CLASS NO. _____</p> <p>ACCOUNT NO. _____</p> <p>APPROVED <input type="checkbox"/> BY _____</p> <p>DECLINED <input type="checkbox"/> BY _____</p>
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AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR:
\$				

### SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)				COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent?
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
<b>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b>					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit request is paid off?				Have you previously received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

### SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (If Any)		PRESENT ADDRESS (Street, City, State & Zip)			HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
<b>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b>					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				Has Joint Applicant or Other Party ever received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

### SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

**SECTION D - ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person.  
Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

**ASSETS OWNED** (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

**OUTSTANDING DEBTS** (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes

If yes, to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_

Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Are there any unsatisfied judgments against you?  No  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**SECTION E - SECURED CREDIT** Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

**SIGNATURES** - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Signature (Where Applicable) \_\_\_\_\_ Date \_\_\_\_\_

# DEBT TO INCOME RATIO CALCULATOR

We've created this spreadsheet to help calculate your debt to income ratio. Simply list your monthly income in the appropriate spots, or change the categories if necessary. Be sure to include ALL income and ALL monthly debt payments for an accurate result.

## MONTHLY HOUSEHOLD INCOME (TAKE HOME)

Salary/Wages (Take Home) _____	Unemployment Income _____
Social Security _____	Food Stamps _____
Military Pay _____	Royalties _____
Pension/Retirement Income _____	Business Income (Draw) _____
Bank and Investment Interest _____	Other _____
Alimony/Child Support _____	Other _____
Rental Income _____	Other _____

**TOTAL INCOME** \$ \_\_\_\_\_

## MONTHLY HOUSEHOLD LOAN/DEBT PAYMENTS

Monthly mortgage payment (or rent) (Include property taxes and insurance) \$ _____	Credit Card Payment (Monthly Minimum) _____
Monthly Car/Boat Payment _____	Credit Card Payment (Monthly Minimum) _____
Monthly Car/Boat Payment _____	Credit Card Payment (Monthly Minimum) _____
Monthly Car/Boat Payment _____	Credit Card Payment (Monthly Minimum) _____
Home Equity Loan Payment _____	Credit Card Payment (Monthly Minimum) _____
Monthly Child Support Payment _____	Monthly Student Loan Payment _____
Medical/Dental Payments _____	Other Debt Payment _____
Furniture and Appliance Payment _____	Other Debt Payment _____

**TOTAL MONTHLY DEBT PAYMENTS** \$ \_\_\_\_\_

Please calculate the following:

Total **Monthly Debt Payments** divided by **Total Income** = \_\_\_\_\_ % **Debt-To-Income Ratio**

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

**CONFIDENTIAL**

Personal Financial Statement as of \_\_\_\_\_

NAME(S): \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

E MAIL - Home

E MAIL - Office

Social Security #  
Spouse's Social Security #

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See Schedule A	
Listed Securities—See Schedule B			
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable—See Schedule D		Real Estate Mortgages Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="radio"/> No <input type="radio"/> Yes If so, explain:	
<b>TOTAL</b>	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="radio"/> court order <input type="radio"/> written agreement <input type="radio"/> oral understanding.		Are any assets pledged? <input type="radio"/> No <input type="radio"/> Yes Detail in Schedule A	
		Income taxes settled through (Date)	

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="radio"/> No <input type="radio"/> Yes If so, explain:
On leases		
Legal claims		Have you ever taken bankruptcy? <input type="radio"/> No <input type="radio"/> Yes If so, explain:
Provision for federal income taxes		
Other special debt, e.g., recourse or repurchase liability		Do you have a will? <input type="radio"/> No <input type="radio"/> Yes With whom?
		Do you have a trust? <input type="radio"/> No <input type="radio"/> Yes With whom?
<b>TOTAL</b>	\$	Number of dependents _____ Ages _____

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
<b>TOTAL</b>			<b>TOTAL</b>			

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

Number of Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				Yes (3)	No (3)
<b>TOTAL</b>					

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>				



I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.**

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**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.**

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's or Co-Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PRIVACY NOTICE

First State Bank, Shallowater, Texas

We collect nonpublic personal information about you from the following sources:

1. Information we receive from you on applications or other forms
2. Information about your transactions with us, our affiliates, or others; and
3. Information we receive from a consumer reporting agency

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal standards to guard your nonpublic personal information.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.